RESOCIALIZATION OF COLLEGIATE SPORT: ACTION PLAN CONSIDERATIONS

Purpose & Objective

- Follow-up to and assumes the premise of Core Principles of Resocialization of Collegiate Sport.
- Developed in consultation with the NCAA COVID-19 Advisory Panel as guidance.
- Intended to be consistent with guidance published by the federal government and its corresponding health agencies and otherwise reflective of the best available scientific and medical information available at the time of print.
- Is not and should not be used as a substitute for medical or legal advice.
- Offered as a resource for member schools to use in coordination with applicable government and related institutional policies and guidelines.
- Remains subject to further revision as available COVID-19 data and information continues to emerge and evolve.

Important Considerations

- One-third of American deaths from COVID-19 have, to date, occurred in nursing homes and other long-term care facilities.
- Minority communities in the United States have been disproportionately impacted by COVID-19 for rate of infection, hospitalization and death.
- The COVID-19 death rate among young healthy Americans is currently similar to the most recent death rates resulting from influenza.
- Asymptomatic infections have been common, especially in young healthy Americans.
- Following infection with SARS-CoV-2, the virus that causes COVID-19, viral shedding is prominent in days 2-3, and symptoms usually develop around day 5.

Higher Risk Individuals

- Certain individuals have been identified as being at higher risk for severe complications and death from COVID-19, and they include those with:
  - age greater than or equal to 65
  - chronic lung disease, including moderate and severe asthma
  - serious heart conditions
  - immune system compromise
  - severe obesity with body mass index greater than or equal to 40
  - diabetes mellitus
  - chronic kidney disease with dialysis treatment
  - liver disease
  - sickle cell disease (not sickle cell trait)

Infection Control Strategy

The most effective strategy to mitigate COVID-19 spread during resocialization includes:

- Personal
  - physical distancing
  - universal masking when physical distancing is not possible
  - hand hygiene, especially after touching frequently used items or surfaces
  - sneeze or cough into a tissue, or the inside of your elbow
  - avoid touching your face
  - disinfect frequently used items and surfaces as much as possible
  - do not leave your home if you feel sick, and follow the advice of your health care provider
- Local/Institutional
  - safe and efficient screening and testing sites for symptomatic individuals and trace contacts
  - surveillance, including contact tracing
  - isolation and quarantine for new infections or for high-risk exposure

Re-Opening Planning

- COVID-19 communication plan that connects athletics with the broader institution
- COVID-19 communication plan that connects the school, including athletics, with local and state facilities
- A plan to protect and support higher risk individuals
- A plan to provide telework alternatives as necessary and appropriate
- Facility-specific health and safety plans that address, among other things, necessary resources, supplies and other applicable distancing and sanitation guidelines

Interdisciplinary Action Team

- An athletics COVID-19 action team that may include among others:
  - athletics director or designee
  - athletics health care administrator
  - head athletics trainer or designee
  - head team physician or designee
  - coach representative
  - strength and conditioning coach representative
  - student health services representative
  - counseling services representative
  - student-athlete representative
  - healthcare and emergency preparedness representative
  - faculty athletics representative
  - campus coordinator (dining hall, dorm)
  - compliance office representative
  - institutional legal counsel or risk management representative
  - university relations and/or athletics communications representative

Return to Campus

- Confirmation of no high-risk exposure to COVID-19 for at least two weeks prior to return to campus
- Absence of typical COVID-19 symptoms including, among others, respiratory, gastrointestinal, constitutional, and myalgia-like symptoms, for at least two weeks prior to return to campus
- If travel back to school involves physical distancing challenges (e.g., air or commuter bus travel), confirmation of local off-campus or campus-designated self-quarantine for at least 7 days – or longer if advised by local or state governmental health officials – prior to return to athletics.
- Special consideration should be given to student-athletes and staff who are at higher risk of developing severe manifestations of COVID-19, including an individualized plan of safely returning to campus.

Daily Self-Health Evaluation

- Cough or other respiratory symptoms
- Shortness of breath or difficulty breathing
- Headache
- Chills
- Muscle aches
- Sore throat
- New loss of taste or smell
- Nausea, vomiting or diarrhea
- Pain, redness, swelling or rash on toes or fingers (COVID-toes)
- New rash or other skin symptoms
- High-risk exposure (e.g., new contact with an infected individual or prolonged contact with a crowd without physical distancing)
- Temperature of 100.4° F or above

Preparticipation Screening

- In-person exam is critical
  - May be supplemented by telehealth
- Symptomatic/asymptomatic pulmonary, respiratory and cardiac considerations including among others:
  - Cardiomyopathy
  - Myocarditis
  - Arrhythmias
- Mental health considerations like those identified in NCAA COVID-19 well-being study including, among others:
  - Sleep difficulties (1/3 of respondents)
  - Sadness, sense of loss (1/4 of respondents)
  - Depression impacting ability to function (1/12 of respondents)
  - MH concerns highest among respondents of color, those living alone, and those whose families are facing economic hardship
  - MH concerns 150% - 250% higher than ACHA assessment

Individual/Facility Hygiene

- Hand hygiene
- Physical distancing
- Use of face masks/coverings where physical distancing isn’t feasible
- Proper cough and sneeze etiquette
- Avoid touching your face
- Do not leave your home if you feel ill, or if you feel ill once you are on site, avoid contact with others, depart for home, and inform your physician and/or athletics health care provider

Other Hygiene Considerations

- Protocols/techniques for:
  - Towels
  - Water bottles
  - Food
  - Cleaning and disinfecting of shared equipment and space
- Include the following:
  - Student-athletes
  - Custodial staff
  - Medical personnel
  - Coaches
  - Other athletics personnel

Physical Distancing

- Athletics training rooms and other sports medicine facilities
- Athletics locker rooms
- Strength and conditioning facilities
- Team meeting rooms
- Athletics academic areas
- Athletics dining areas

- Departments should consider using virtual team meetings whenever appropriate and possible.

Infection Monitoring and Response

- Sports and level of viral contact:
  - Low contact risk
    - bowling, cross-country, diving, golf, gymnastics, rifle, skiing, swimming, tennis, track and field
  - Medium contact risk
    - baseball, softball
  - High contact risk
    - basketball, field hockey, football, ice hockey, lacrosse, rowing, soccer, volleyball, water polo, wrestling

- The “bubble” concept:
  - “Inner bubble”: Student-athletes and all staff/personnel with close contact
  - “Intermediate bubble”: Staff/personnel with intermediate contact
  - “Outer bubble”: Staff/personnel with limited or no contact

Testing

- Diagnostic testing
  - PCR
  - Antigen
  - Lab vs. point of care
  - Sensitivity and specificity
- Serology testing
  - Sensitivity and specificity
  - Immune status
  - Cardiovascular considerations
- Surveillance testing
  - In conjunction with contact tracing
  - Bulk batch testing

New Diagnoses

- High contact risk vs. low contact risk
- Quarantine:
  - Based on currently available testing and surveillance capabilities, existing standards of care suggest a quarantine period ≥14 days for all newly infected individuals and their high-risk (e.g., “inner bubble”) contacts.
- Other paradigms:
  - Symptomatic evaluations
  - Emerging alternative testing protocols including, among others:
    - Quarantine for first 24 hours
    - Daily for 5-8 days

Pre-competition Considerations

- High contact risk vs. low contact risk
- Assuring all “inner bubble” individuals are not infectious

Response Plan

- Designated isolation room
- Personal protective equipment for both the symptomatic individual and the treating clinician
- Transportation plan to:
  - On-campus facility with an isolation room, or
  - Off-campus housing with isolation precautions, or
  - Medical facility, including hospital
    - Individuals with shortness of breath or other evidence of cardiopulmonary compromise should be transported to the hospital.
- Contact tracing of all exposed individuals
- Return-to-activity protocol

THANK YOU

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